



## Application for Coach Certification

**INSTRUCTIONS:** Please print clearly or type information below and return to SOVA, 3212 Skipwith Rd., Suite 100, Richmond, VA 23294.

First Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Are you a Special Olympics Athlete? _____
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1. I completed the Special Olympics General Orientation on \_\_\_\_\_ at \_\_\_\_\_  
Date Location

2. I completed the course below:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Coaching Special Olympics Athletes</li> <li><input type="checkbox"/> Principles of Coaching</li> <li><input type="checkbox"/> First Aid/CPR</li> <li><input type="checkbox"/> Young Athletes</li> <li><input type="checkbox"/> Autism Training</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Skills: Sport _____</li> <li><input type="checkbox"/> Unified Sports®: _____</li> <li><input type="checkbox"/> Games Management: Sport _____</li> <li><input type="checkbox"/> Official: Sport _____</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|---|---|

3. The certification course was held in \_\_\_\_\_ on \_\_\_\_\_  
City Date

or I took this course online on \_\_\_\_\_.  
Date

4. Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF SOVA STAFF/AREA VOLUNTEER**

\_\_\_\_\_  
**DATE**